

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Notice of
Permanency Plan Hearing**

Name _____

Date of Birth _____

Case No. _____

This case is scheduled for a permanency plan hearing as indicated below:

NOTICE OF HEARING

Date	Time	Location (Include Room No.)
Circuit Court Judge/Circuit Court Commissioner		

You have a right to be heard by participating at the hearing or by submitting written comments not less than 10 working days before the hearing.

The issues to be determined at the hearing include:

- Continuing necessity for and the safety and appropriateness of the placement.
- Compliance with the permanency plan by the parties and service providers.
- Efforts to involve the appropriate service providers to meet the special needs of the child/juvenile and parents.
- Progress toward eliminating causes for the child's/juvenile's out-of-home placement and returning the child/juvenile home or obtaining a permanent placement.
- The date by which the permanency plan goal is likely to be achieved.
- If applicable, the appropriateness of the permanency plan and the circumstances which prevent the child/juvenile from achieving a permanent placement.
- Whether reasonable efforts were made by the agency to achieve the goal of the permanency plan.

☐ See attached

If you require reasonable accommodations due to a disability to participate in the court process, please call _____ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

DISTRIBUTION	Personal	Mail	TELEPHONE NOTICE			
	Service	Notice	NAME	DATE	TIME	BY
1. Court - Original						
2. Child/Juvenile						
3. Mother						
4. Father						
5. Prosecutor						
6. Child's/Juvenile's Attorney/GAL						
7. Dept. Soc. Services						
8. Foster Parents/Treatment Foster Parents/ Physical Custodian						
9. Guardian						
10. Tribe (if any)						
11. Other:						